

Dr. 1.0
FILED JAN 8 1951

STANDARD CERTIFICATE OF DEATH

40114
State File No. 2068
Registrar's No. 2068

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 132 W. Delta	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Sail c. (Last) Watkins			4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1950		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 8 - 1946	9. AGE (in years last birthday) 4	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Aurora, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Burriel F. Watkins	13b. MOTHER'S MAIDEN NAME Lois Bell	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Burriel F. Watkins ADDRESS Aurora Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block		INTERVAL BETWEEN ONSET AND DEATH 3 1 wk 30 055X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina (Diphtheritic?)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Toxic encephalitis nephrosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-29, 1950**, to **12-31, 1950**, that I last saw the deceased alive on **12-31, 1950** and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. B. Handley M.D. (Degree or title)	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 1-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3 1951	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cem.
24d. LOCATION (City, town, or county) (State) Aurora Mo. Missouri		

DATE REC'D BY LOCAL REG. 1/5/51	REGISTRAR'S SIGNATURE W. B. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE William W. Wood - Aurora, Mo. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *William W Wood*

Licensed Embalmer No. *4539*

P. O. Address *Amora, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.